

NOTICE

AMENDMENTS TO TENNESSEE CODE ANNOTATED, SECTION § 56-54-101, ET SEQ

Tennessee Medical and Professional Malpractice Claims and Expenses

All reporting entities that previously submitted claim information must resubmit all information including the recently enacted legislation requiring additional data.

A completed Tennessee Medical and Professional Malpractice Claims and Expenses Reporting Forms should be marked "Confidential" and mailed to the address listed below. The completed reporting form must be submitted on compact disk ("CD"). The reporting entity name must be clearly marked on the CD. The CD must be received at the aforementioned address on or before **July 1, 2006**.

Any questions regarding the Tennessee Medical and Professional Malpractice Claims and Expenses Reporting should be sent in writing via U.S. Mail, hand delivery, facsimile, or electronic message to the following:

Medical and Professional Malpractice Claims and Expenses Reports
c/o Ms. Linda Gay
Tennessee Department of Commerce and Insurance
Davy Crockett Tower, Fourth Floor
500 James Robertson Parkway
Nashville, Tennessee 37243
Telephone: (615) 532-4204
Facsimile: (615) 532-2788
Linda.Gay@state.tn.us

The forms previously found on the Department's Website have been amended to reflect the changes needed. The Instructions for preparing the forms that were due April 1, 2006 are immediately following this page and still apply.

It must be noted that determining the applicability of the reporting statute and rules is the responsibility of each reporting entity.